

RECEIVED  
CENTRAL FAX CENTER  
DEC 07 2005  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sharon DUVDEVANI, et al.

Application No.: 10/706,440

Group No.: 2625

Filed: November 12, 2003

Examiner: Seth, Manav

For: APPARATUS AND METHODS FOR THE INSPECTION OF OBJECTS

Attorney Docket No.: U 014858-1

Commissioner of Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that the attached correspondence comprising:

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Date: December 7, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office to ~~(703) 872-9306~~  
571273-8300

Signature

CLIFFORD J. MASS

(type or print name of person certifying)

(Certificate of Mailing under 37 C.F.R. 1.8(a) 8-5

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: Sharon DUVDEVANI, et al.

Application No. 10/706,440

Filed: November 12, 2003

Title: APPARATUS AND METHODS FOR THE INSPECTION OF OBJECTS

Attorney Docket No. U014858-1

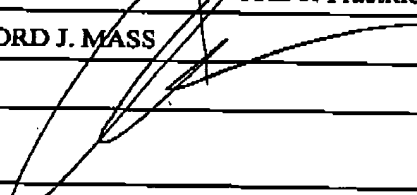
Art Unit: 2625

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34.

Name	Registration Number
SANFORD T. COLB	26,856

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-name practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Name	CLIFFORD J. MASS		
Signature			Date
Registration Number	30,086	Telephone	December 7, 2005 (212) 708-1890

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

(Authorization to Act in a Representative Capacity--page 1 of 1) 12-7